

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	Group Art Unit: 3622
ISHIKAWA, Mark M.)	
)	Examiner: Arthur D. Duran
Serial No.: 09/821,259)	
)	Confirmation No. 7236
Filed: March 29, 2001)	
)	Customer No. 34313
For: SYSTEM, METHOD AND APPARATUS)	
FOR AUTHENTICATING THE)	
DISTRIBUTION OF DATA)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR REFUND

Dear Sir:

Applicant hereby notifies the U.S. Patent & Trademark Office ("USPTO") that the subject application is entitled to a refund. Applicant incorrectly charged Orrick's Deposit Account in the amount of \$105.00 for one independent claim in excess of three independent claims instead of one dependent claim in excess of twenty. Specifically:

1. On August 8, 2008, Applicant filed an Amendment and Response and incorrectly charged Orrick's Deposit Account in the amount of \$105.00 for one independent claim in excess of three independent claims. Attached as **Exhibit A** is a copy of Orrick's Deposit Account Statement for August 2008.


2. The correct charge for the application should be one dependent claim in excess of 20 in the amount of \$25.00, not \$105.00. Applicant submits that the filing fee for the RCE filed on October 31, 2007 as Small Entity Status paid for a total of 20 claims and three independent claims.

Therefore, applicant respectfully requests a refund in the amount of **\$80.00** be credited to the Orrick's Deposit Account. The Commissioner is hereby authorized to charge any fees or credit any overpayments to **Deposit Account 15-0665**.

This request for refund is being timely filed within three months of the date of this Statement.

Respectfully submitted,

Dated: August 13, 2008

By: 
Davin M. Stockwell
Reg. No. 41,334
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EXHIBIT A

**United States
Patent and
Trademark Office**

Return To:

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Page**Deposit Account Statement**

Requested Statement Month: August 2008
Deposit Account Number: 150665
Name: ORRICK HERRINGTON & SUTCLIFFE LLP
Attention:
Street Address 1: 4 PARK PLAZA, SUITE 1600
Street Address 2:
City: IRVINE
State: CA
Zip: 92614-2558
Country: UNITED STATES

DATE SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
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\$105.00

\$25,774.95